|  |  |                                   |              |                                 |                                 |                  |           |   | Application or Docket Number |                        |    |                     |                          |  |
|--|--|-----------------------------------|--------------|---------------------------------|---------------------------------|------------------|-----------|---|------------------------------|------------------------|----|---------------------|--------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                              |  |                                   |              |                                 |                                 |                  |           |   |                              |                        |    |                     |                          |  |
| Effective October 1, 2003  |  |                                   |              |                                 |                                 |                  |           | 10/053263                               |                              |                        |    |                     |                          |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                                   |              |                                 |                                 |                  |           | MALI<br>TYPE                            | EN                           | ITITY                  | OR | OTHER<br>SMALL I    |                          |  |
| TOTAL CLAIMS   |  |                                   |              |                                 |                                 |                  |           | RAT                                     | Ē                            | · FEE                  |    | RATE                | FEE                      |  |
| FOR  |  |                                   | NUMBER FILED |                                 | NUMBER EXTRA                    |                  |           | BASIC                                   | FEE                          | 385.00                 | OR | BASIC FEE           | 770.00                   |  |
| TOTAL CHARGEABLE CLAIMS  |  |                                   | minus 20=    |                                 | • ;                             |                  |           | X\$ 9                                   | =                            |                        | OR | X\$18=              |                          |  |
| INDEPENDENT CLAIMS   |  |                                   | minus 3 =    |                                 | •                               |                  |           | X43=                                    |                              |                        | OR | X86=                |                          |  |
| MU   | ILTIPLE DEPEN  | IDENT CLAIM PR                    | RESENT       |                                 |                                 |                  |           |   | +145=                        |                        | OR | +290=               |                          |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                                   |              |                                 |                                 |                  |           |   | ۱L                           |                        | OR | TOTAL               |                          |  |
| CLAIMS AS AMENDED - PART II  |  |                                   |              |                                 |                                 |                  |           | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |                        |    |                     |                          |  |
| ITA  | 6-20-05  | (Column 1) CLAIMS REMAINING AFTER |              | (Colur<br>HIGH<br>NUM<br>PREVIO | EST<br>BER<br>OUSLY             | PRESENT<br>EXTRA |           | RAT                                     |                              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>- FEE |  |
| AMENDMENT  | Total  | AMENDMENT                         | Minus        | PAID                            | FOR                             | = /              | 1         | X\$ 9                                   | )=                           | - /                    | OR | X\$18=              |                          |  |
| MEN  | Independent  | * 3                               | Minus        | ***3                            |                                 | = /              |           | X43                                     | =                            | 7                      | OR | X86=                |                          |  |
| M  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                   |              |                                 |                                 |                  |           | +145                                    | <br>i=                       | /                      | OR | +290=               |                          |  |
|  |  |                                   |              |                                 |                                 |                  |           |   | TAL                          | 1                      | OR | TØTAL<br>ADDIT, FEE |                          |  |
| (Column 1) (Column 2) (Column 3)   |  |                                   |              |                                 |                                 |                  |           |   |                              |                        |    |                     |                          |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT  | -            | HIGH<br>NUM<br>PREVI            | HEST<br>HBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |           | RAT                                     | E                            | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE   |  |
|  | Total  | •                                 | Minus        | **                              |                                 | =                |           | XS S                                    | )=<br>                       |                        | OR | X\$18=              |                          |  |
| MEN  | Independent  | •                                 | Minus        | •••                             | - 0: 1:11                       | <u> </u>         | 4         | X43                                     | =                            |                        | OR | X86=                |                          |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |  |                                   |              |                                 |                                 |                  |           | -145                                    | 5=                           |                        | OR | +290=               |                          |  |
|  |  |                                   |              |                                 |                                 |                  |           | <del>السين</del><br>١٥٥٢: د             | TAL                          |                        | OR | TOTAL<br>ADDIT. FEI |                          |  |
|  |  | (Column 1)                        |              | (Colu                           | mr 21                           | 'Calumn 3        | <u>}-</u> |   |                              |                        |    |                     |                          |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT  |              | HIGH<br>NUM<br>PREV             | HEST<br>ABER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |           | RAT                                     | Έ                            | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE   |  |
|  | Total  | •                                 | Minus"       | -                               |                                 | =                |           | X\$ 9                                   | 9=                           |                        | OF | X\$18=              |                          |  |
| MEN  | Independent  | •                                 | Minus        | •••                             |                                 | =                | 4         | X43                                     | )=                           |                        | OF | X86=                |                          |  |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                   |              |                                 |                                 |                  |           | +14                                     | 5=                           |                        | OR | +290=               |                          |  |
| :  | the entry in column 1 is less than the entry in column 2, write "0" in column 3 "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20" |                                   |              |                                 |                                 |                  |           |   |                              |                        | OF | TOTAL ADDIT FE      | E                        |  |

<sup>&</sup>quot;If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3 onler "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1